SB 50

Quality is Our Bottom Line

Insurance Committee Public Hearing
February 18, 2010

Connecticut Association of Health Plans

Testimony regarding

SB 50 AAC Oral Chemotherapy Treatments.

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of SB 50 AAC Oral Chemotherapy Treatments. Each mandate, there are a number of factors around cost and quality that should be taken into account.

Drugs of this nature can cost up to $10,000 per month and are typically considered under a pharmacy benefit. Currently, health plans in Connecticut are prohibited from charging pharmacy co-pays in excess of $40 – a consumer protection that extends to oral chemotherapy drugs as well as any other pharmaceutical. Requiring that these drugs be treated as medical benefits as opposed to pharmacy benefits could have the unintended consequence of actually costing a member more if, for instance, they have a benefit design that includes a high deductible.

Furthermore, it's possible that legislation such as SB 50 may violate the new federal interim final rules under the Wellstone/Domenici Mental Health Parity Act of 2008 which becomes effective July 1, 2010. These rules state that a health plan cannot set up a formulary or any other cost-sharing mechanism that treats any medical condition differently than a mental health/substance abuse condition. Only "reasonable factors" may be used to make cost differentiations about drug coverage; these factors include cost of drug, efficacy, generic v. brand name and mail order v. pharmacy pick-up. *Health plans may not make cost differentiations for drugs based on the health conditions they cover.*

Legislation of this nature also raises serious issues around quality that should be taken into consideration. Oral chemotherapy regiments typically require a patient to take the medication exactly as prescribed by the doctor, with the average regimen consisting of 10 - 20 pills each day. The regimens may be complex and rely upon the consumer to police his or her own medication without the direct supervision of a licensed and trained medical professional. Without direct supervision, side-effects can be missed; patients may not take all of their medicine, which raises the risk their cancer will worsen; or patients may take too many pills, risking toxic reactions. We should be careful not to embrace specific therapy regimens in statute particularly when they are still fairly new in terms of development. Please consider the following research cites as catalogued by AHIP - America's Health Insurance Plans:

- A study published in the Journal of Clinical Oncology found that Gleevec patients, on average, were taking only 75 percent of their prescribed doses. (*Journal of Clinical Oncology, Vol. 24, No. 18S (June 20 Supplement), 2006: 6038)*

- A study of anastrozole (Arimidex) in breast cancer suggests that adherence declines over time. For women with 3 years of continuous eligibility, mean adherence diminished each year, dropping from between 78% and 86% in year 1 to between 62% and 79% by year 3. The study concluded that many women were "suboptimally adherent" to this oral treatment. (*Partridge AH et al., Journal of Clinical Oncology, 2008; 24:556.562)*

- Safety practices for oral chemotherapy treatments may be inadequate, according to a survey of 42 U.S. cancer centers. The study concluded that few of the safeguards routinely used for infusion chemotherapy have been adopted for oral chemotherapy regiments and there was no consensus among the centers as to what constitutes safe practices. (*Weingart, S. et al.,British Medical Journal (BMJ) 2007; 334:407)*

In addition, patients and their families can receive inadequate information about the safe handling of the chemotherapy drugs, as well as proper storage and disposal techniques.

In light of the above, we respectfully request you take no action on SB 50. Thank you for your consideration.